

City of Durham Request for Proposal Employee Assistance Program (EAP)

City of Durham seeks a long-term relationship with an organization that is committed to providing quality service through a strong service team at a reasonable cost. This RFP provides your organization with the opportunity to demonstrate your ability to meet our objectives.

I. Proposal Information

Client

City of Durham

Address

101 City Hall Plaza
Durham, NC 27701

Proposal Due Date

5:00 PM Friday November 6, 2020

Proposal Copies

1. Please provide two original hardcopy proposals.
2. Please provide one digital copy on USB flash drive. Emailed copies will not be accepted.
3. If selected as a finalist, we may request additional proposal copies.

Proposal Format and Specifications

1. Responses to the Questionnaire must follow the same order laid out in the RFP.
2. Responses to the Questionnaire must include the corresponding section letter, question number, and sub-question letter of the RFP.
3. Proposal must clearly identify all instances where benefits do not match those requested in Section III Proposed Plan Design.

Proposal Delivery Address

Independent Benefit Advisors, Inc.
Attention: COD EAP RFP
1121 Pemberton Hill Road
Apex, NC 27502

RFP Contact and Questions

Questions about the RFP must be submitted by email to Aneta Dent at Independent Benefit Advisors: aneta@thebenefitadvisors.com.

Confidentiality

This RFP is considered confidential information. This request should not be shared, in any way, with any party who is not directly involved in the underwriting, sales or service process. If it is determined that a breach of confidentiality has occurred, the bidder responsible will automatically be eliminated from the bidding.

Effective Date

The effective date of the contract will be July 1, 2021.

Rate Guarantee

A 3-year rate guarantee is recommended for all proposals.

Master Contract

The final master contract shall be provided to City of Durham no later than 30 days following the effective date of the contract.

Plan Changes and Amendments

If changes in the plan of benefits or servicing requirements are needed, such changes will be made in writing and deemed as an amendment to the contract.

Right to Audit

City of Durham reserves the right to audit the claim records and other financial records of the administrator, as they pertain to the employee benefit program, wherever it is deemed appropriate. Such audits may be performed by City of Durham personnel or by outside auditors selected by City of Durham at no extra charge. City of Durham agrees to give the administrator at least 30 days notice of its intent to perform an audit.

Hold Harmless Provision

The administrator/carrier/vendor shall indemnify, hold harmless, and save City of Durham harmless from any liability of any nature of kind, including costs, expenses, and attorney's fees, for harm suffered by an entity or person as a result of the negligent, reckless, or willful acts or commissions by the administrator/carrier/vendor, its officers, agents or employees.

Conflict of Interest

Each proposal shall include a statement indicating whether or not the firm or any individuals working on the contract has a possible conflict of interest (e.g., employed by the City of Durham) and, if so, the nature of that conflict. The Durham City Council reserves the right to cancel the award if any interest disclosed from any source could either give the appearance of a conflict or cause speculation as to the objectivity of the program to be developed by the responder. The City Council's determination regarding any questions of conflict of interest shall be final.

Required Licenses

All organizations doing business with the City of Durham are required to comply with all state, local, and federal licensing requirements. Firms selected through the RFP process will be required to demonstrate compliance with licensing requirements.

LGBTQ Requirement

All organizations submitting proposals to the City of Durham are required to provide services that specifically support lesbian, gay, bisexual and transgender and queer (LGBTQ) individuals and needs in order to promote understanding, cooperation and education. Firms selected through the RFP process will be required to demonstrate compliance with this requirement.

E-Verify Requirements

(A) If this contract is awarded pursuant to North Carolina General Statutes (NCGS) 143-129 – (i) the contractor represents and covenants that the contractor and its subcontractors comply with the requirements of Article 2 of Chapter 64 of the NCGS; (ii) the words "contractor," "contractor's subcontractors," and "comply" as used in this subsection (A) shall have the meanings intended by NCGS 143-129(j); and (iii) the City is relying on this subsection (A) in entering into this contract. (B) If

this contract is subject to NCGS 143-133.3, the contractor and its subcontractors shall comply with the requirements of Article 2 of Chapter 64 of the NCGS.

Iran Divestment Act Certification

The Contractor certifies that, if it submitted a successful bid for this contract, then as of the date it submitted the bid, the Contractor was not identified on the Iran List. If it did not submit a bid for this contract, the Contractor certifies that as of the date that this contract is entered into, the Contractor is not identified on the Iran List. It is a material breach of contract for the Contractor to be identified on the Iran List during the term of this contract or to utilize on this contract any subcontractor that is identified on the Iran List. In this Iran Divestment Act Certification section -- "Contractor" means the person entering into this contract with the City of Durham; and "Iran List" means the Final Divestment List – Iran, the Parent and Subsidiary Guidance– Iran list, and all other lists issued from time to time by the N.C. State Treasurer to comply with G. S. 147-86.58 of the N.C. Iran Divestment Act.

II. Eligibility & Census

Eligibility

1. All full-time, part-time benefits eligible employees, and temporary benefits eligible employees working a minimum of 30 hours per week, their spouses, and their children up to age 26.
2. Elected officials, their spouses, and their children up to age 26.
3. Same-sex or opposite-sex certified dependents (documented domestic partners) and their children up to age 26.
4. Eligible employees and their dependents remain eligible for 6 months after employment termination.

Census

Digital copy attached.

III. Benefit Plan Design

Current Plan Design

1. Current Vendor
ComPsych
2. Benefit Frequency
Up to 8 face-to-face sessions per presenting problem
3. Plan Year
July 1st through June 30th
4. Benefits
Counseling is provided for the following:
 - a. Relationship Problems
 - b. Family Problems
 - c. Concerns about Children
 - d. Anxiety
 - e. Depression
 - f. Stress at Home or at Work
 - g. Alcohol Abuse
 - h. Drug Abuse
 - i. Grief
 - j. Life Transitions
 - k. Other Work or Life Problems
5. Emergency Hotline
24-hour, 7-days per week, toll-free phone number for emergency access to the counselor on call.
6. Education and Orientation Sessions
The bidding organization must provide up to 20 hours per plan year on an as-requested basis for the following:
 - a. Citywide orientation sessions for managers/supervisors and employees
 - b. Retirement seminars
 - c. EAP talks and educational activities
7. Promotional Materials
The bidding organization must provide an ample supply of posters, brochures, and any additional communication materials to the Human Resources staff to distribute on a semi-annual basis.

Proposed Plan Design

Increase the number of face-to-face sessions per presenting problem from 8 to 12.

Match or exceed all other benefits.

Identify all instances where proposed benefits exceed current benefits.

IV. Questionnaire

A. General Information

- A-1 Describe the administrative requirements or mandatory plan design that the client must implement in order to use your services.
- A-2 Provide an implementation timeline for a July 1, 2021 effective date.
- A-3 Provide sample utilization management reports that are included in your fees. Identify the production frequency of your reports.
- A-4 Provide a sample of all communication materials that are included in your fees. What fees are associated with quantities above the standard amount included in the contract? What is the turnaround time for delivery of communication materials once they are requested by the client?
- A-5 Provide a copy of your standard program agreement.
- A-6 Provide a brief description of your company including date established, corporate location, corporate affiliation, and total number of employees.
- A-7 How long has your company been providing EAP services? To how many covered individuals do you provide EAP services?
- A-8 Provide a copy of your 2019 annual reports and financial statements.
- A-9 Identify the account management team who will manage this account. Will a licensed clinician be assigned to this account? Include a background summary or resume on the account management team and the length of service with your company for each team member.
- A-10 Provide a client list for stand-alone EAP services.
- A-11 Provide a detailed list of all services that are included in your fee. Describe the training included in your fee, training hours included, and trainer, etc.
- A-12 Describe optional EAP services that you provide.
- A-13 What are the professional qualifications of your counselors?
- A-14 What is the current ratio of counselors to enrollees for your client base?
- A-15 What training do you provide to your existing EAP counselors/staff?
- A-16 What kinds of training programs do you provide to your clients? Do you offer consultation to help supervisors manage troubled employees?
- A-17 Describe your EAP referral network.
- A-18 Describe the protocol for client supervisor/management referrals.

B. Customer Service

- B-1 Describe how employees will access care under your network. Identify the staff involved, the intake process, and the phone system.
- B-2 Describe how eligible dependents living outside of North Carolina have access to services, both telephone and in-person counseling.
- B-3 How is eligibility verified?
- B-4 Describe who answers the 24-hour crisis line both during the business day and after hours. Who conducts the assessment and referral?
- B-5 Describe your policy regarding notification of a local police agency if behavior is cause for concern.
- B-6 Where is the telephone call center responsible for this account located? What are the hours of operation in Eastern Standard Time?
- B-7 How many calls did your call center receive in 2018 and 2019? What was your average hold time for 2018 and 2019? What was your call abandonment rate for 2018 and 2019?
- B-8 How do you assist employees/dependents who do not speak English?
- B-9 Do you have a website for member access? Describe your online capabilities.
- B-10 How many providers are located in Durham, Chatham, Orange, Alamance, and Wake Counties? What are the office hours? Are weekend and evening appointments available?
- B-11 Describe your assessment process. Who performs the assessment and referral?
- B-12 Describe how a successful transition would be made from your provider network to the client's mental health provider network under their employee PPO health plan. Describe the experience that your panel of providers possesses for a seamless transition once the EAP benefit has been exhausted.
- B-13 Describe your procedure for resolving complaints from members who are not satisfied with the services that they have received?

C. Fee Description

- C-1 Provide your rates for EAP services for City of Durham.
 - a. 8 sessions face-to-face model
 - b. Is your fee based on a designated utilization limit? If so, what is the percentage?
 - c. How many hours of employee orientation, supervisory training, retiree seminars, etc. are included in your pricing?
 - d. Identify your consultation services and special project cost per hour.
- C-2 How long will your rates be guaranteed?

- C-3 Identify all communications, materials, reports, and services that will be provided as part of your rates.

D. Implementation

- D-1 Indicate your ability to provide communication materials, including a description of benefits, exclusions and limitations.
- D-2 Provide an implementation plan outlining tasks necessary to install program, the timetable for the July 1, 2021 effective date, and the parties responsible.
- D-3 Assuming Open Enrollment is April 1st through April 14th, provide an implementation plan outlining tasks necessary to install the program, the timetable for the July 1, 2021 effective date, and the parties responsible.
- D-4 Provide sample announcement materials, ID cards, and summary plan description.
- D-5 Provide a copy of your proposed contract.
- D-6 Complete the attached Proposal Summary Excel spreadsheet.

E. Workforce Diversity

- E-1 Do the management and professional positions within your company include women and minorities? If yes, please provide number of women and the number of minorities.
- Women _____
- Minorities _____
- E-2 Do you believe your company, including all employees, has a diverse workforce? If you do not believe your company has a diverse workforce, what are the reasons it may not be diverse?
- E-3 Please list the efforts your company makes to promote and embrace diversity in its workforce culture.
- E-4 Do you focus any recruitment efforts to the local Durham area? If, yes, please provide examples.
- E-5 Do you utilize LinkedIn groups and/or other professional groups that focus on women and/or minorities? If yes, please provide examples.
- E-6 Do you regularly recruit from Historically Black Colleges and Universities (HBCUs) and other minority-focused colleges and universities? If, yes, please provide names of the schools.
- E-7 Do you attend minority-focused career fairs? If yes, please provide names of the career fairs and the history of attendance.
- E-8 Do you participate in youth internship programs? If yes, please provide names of the programs and descriptions.
- E-9 What other efforts does your company make to create a more diverse workforce that may not be listed previously in this RFP section?

EQUAL BUSINESS OPPORTUNITY PROGRAM

It is the policy of the City to provide equal opportunities for City contracting for persons who own underutilized businesses doing business in the City's Contracting Marketplace. It is further the policy of the City to prohibit discrimination against any firm in pursuit of these opportunities, to conduct its contracting activities so as to prevent such discrimination, to correct present effects of past discrimination and to resolve complaints of discrimination. This policy applies to all professional services categories.

The goals are 0% M/UBE and 0% W/UBE. In accordance with the Ordinance, all proposers are required to provide information requested in the Professional Services Forms package included with this request. The UBE Participation Documentation and the Employee Breakdown documents are required of all proposers. In lieu of the Employee Breakdown, contractors may submit a copy of the current EEO-1 form (corporate basis). If your firm chooses to include minority/women business participation, the Letter of Intent to Perform as a Sub-consultant document is also required with the proposal. **Proposals that do not contain the appropriate, completed Professional Services Forms may be deemed non-responsive and ineligible for consideration.** The Request to Change UBE Participation and "UBE Goals Not Met/Documentation of Good Faith Efforts" forms are not applicable at this time.

The Equity & Inclusion Department is responsible for the Equal Business Opportunity Program. All questions about Professional Services Forms should be referred to Deborah Giles or other department staff at (919) 560- 4180.



EQUITY & INCLUSION

CITY OF DURHAM

EQUAL BUSINESS OPPORTUNITY PROGRAM

PROFESSIONAL SERVICES FORMS

Updated 06/19



Policy Statement

It is the policy of the City to provide equal opportunities for City contracting to underutilized businesses owned by minorities and women doing business in the City's Contracting Marketplace. It is further the policy of the City to prohibit discrimination against any firm in pursuit of these opportunities, to conduct its contracting activities so as to prevent such discrimination, to correct the present effects of past discrimination and to resolve complaints of discrimination.

Goals

To increase the dollar value of all City contracts for goods and services awarded to minority and women business enterprises, it is a desire of the City that the contractor will voluntarily undertake efforts to increase the participation of minority and women individuals at higher skill and responsibility levels within non-minority firms engaged in contracting and subcontracting with the City.

The Equity & Inclusion Director shall determine participation goals based upon the availability of minority and women business enterprises (MWBES) within the defined scope of contracting, and the goals established for the contracting category.

Equal Business Opportunity Program UBE Participation Documentation

If applicable information is not submitted with your proposal, your proposal may be deemed non-responsive.

UBE Participation Documentation must be used to document participation of an underutilized business enterprise (UBE) on Professional Services projects. All UBEs must be certified by the State of North Carolina as a historically underutilized business, the North Carolina Department of Transportation as a minority-owned or women-owned business or the U.S. Small Business Administration's 8(a) Business Development Program prior to the submission date. If a business listed has not been certified, the amount of participation will be reduced from the total utilization.

Employee Breakdown must be completed and submitted for the location providing the service/commodity. If the parent company will be involved in providing the service/commodity on the City contract, a consolidated employment breakdown must be submitted.

Letter of Intent to Perform as a Sub-consultant/Subcontractor must be completed for UBEs proposed to perform on a contract. This form must be submitted with the proposal.

Post Proposal Submission UBE Deviation

Post proposal submission UBE deviation participation documentation must be used to report any deviation from UBE participation either prior to or subsequent to startup of the project. The Equity & Inclusion Department must be notified if the proposed sub-consultant/subcontractor is unable to perform and for what reasons. Substitutions of sub-consultants/subcontractor, both prior to and after awarding of a contract, are subject to City approval.

UBE Goals Not Met/Documentation of Good Faith Efforts

It is the responsibility of consultants/contractors to make good faith efforts. Good Faith Efforts means the sum total of efforts by a particular business to provide equitable participation of minority-owned and women-owned individuals or businesses as sub-consultants/subcontractors.

Whenever contract alternatives, amendments or extra work orders are made individually or in the aggregate, which increase the total value of the original contract, the consultant must make a good faith effort to increase UBE participation such that the amounts subcontracted are consistent with the established goals.

SELECTION OF CONSULTANTS/CONTRACTORS FOR ARCHITECTURAL/ENGINEERING AND OTHER PROFESSIONAL SERVICES

Goal

The purpose is to provide underutilized business enterprises owned by minorities and women with equal opportunities for participation on City of Durham contracts.

Definition of the Scope of the Selection Policy

The Equity & Inclusion Director shall determine UBE participation goals for each contracting category to be awarded by the City. Goals for each project or contract will be based upon the availability of underutilized business enterprises(UBE's) within the defined scope of work, delineated into percentages of the total value of the work.

The City of Durham will consider a formal certification of the State of North Carolina's Historically Underutilized Businesses (HUB) Office, North Carolina Department of Transportation (N.C. DOT) minority and women businesses and the United States Small Business Administration (U.S. SBA) 8(a) Development Program as meeting the requirements of the Equal Business Opportunity Program, provided there is evidence that the firm is currently certified by one of the stated entities.

Underutilized Business Proposal Requirements

The prime consultant/contractor shall submit a proposal in accordance with the City of Durham's request for Proposal. In addition, the prime consultant/contractor must submit all required Professional Services Forms.

Selection Committee for Professional Services

A selection committee shall be established and may be composed of the following: City Manager or a designated representative of this office; Director of Finance or a designated representative of this office; department head responsible for the project; City Engineer if engineering services are involved; the Equity & Inclusion Director or designee and Purchasing Manager or designee. Other representatives shall be called upon as needed based on their areas of expertise.

The committee shall screen the proposals based on the following criteria:

1. Firms; interest in the project;
2. Current work in progress by firm;
3. Past experience with similar projects;
4. General proposal for carrying out the required work;
5. Designation of key personnel who will handle the project, with resume for each;
6. Proposed associate consultants/contractors, UBE subconsultants;
7. Indication of capability for handling project;
8. Familiarity with the project;
9. Fees that have been charged for recent comparable projects;
10. References;
11. UBE Participation; and
12. Documentation of Good Faith efforts should UBE participation requirements not be met.

After ranking the firms presenting proposals based on the above criteria, interviews will be conducted by the selection committee with the top ranked firms (3-5). The contracting department will make the final recommendation, prepare contracts for review by the City Attorney, and prepare the recommendation for the City Council including the following:

1. Description and scope of the project;
2. Recommended firm;
3. Contract cost;
4. Time limits;
5. Basis for selection;
6. Source for funding;
7. Equal Business Opportunity Ordinance compliance; and
8. Recommendation that the contract be approved by the City Council.

Contract Award

A provision must be written in each contract with an architect or engineer requiring them to work with Equity & Inclusion Department in creating and identifying separate work.

Project Evaluation

An evaluation shall be made of each contract after its completion to be used in consideration of future professional services contracts. The evaluation shall cover appropriate items from the check list for ranking applicants. A copy of the evaluation shall be given to the consultant, and any comment he/she cares to make shall be included in the files.

PARTICIPATION DOCUMENTATION
(TO BE COMPLETED BY PRIME CONSULTANT/CONTRACTOR ONLY)

Names of all firms Project (including prime and subconsultants/sub- contractors)	Location	UBE Firm (Yes/No)	Nature of Participation	% of Project Work
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		Yes () No ()		
		Yes () No ()		
		Yes () No ()		
		Yes () No ()		
		Yes () No ()		
		Yes () No ()		
		Yes () No ()		

TOTAL _____

Name - Authorized Officer of Prime Consultant/Contractor Firm (Print/Type)

Signature - Authorized Officer of Prime Consultant/Contractor Firm

Date

(EEO-1 Report may be submitted in lieu of this form.)

Letter of Intent to Perform as a Sub-Consultant

The undersigned intends to perform work in connection with the above project as a UBE: Minority(African American, American Indian, Asian or Hispanic) Woman

The UBE status of the undersigned is certified if identified as HUB certified by the N.C Department of Administration HUB Office, minority or women certified by the N.C. Department of Transportation and 8(a) certified by the U.S. Small Business Administration.

The undersigned is prepared to perform the following described work in connection with the above project (specify in detail particular work items or parts thereof to be performed):

You have projected the following commencement date for such work, and the undersigned is projecting completion of such work as follows:

<u>ITEMS</u>	<u>PROJECTED COMMENCEMENT DATE</u>	<u>PROJECTED COMPLETION DATE</u>

The consultant will subcontract_____ % of the dollar value of this contract to UBE sub-consultant.

The undersigned will enter into a formal agreement in the amount of \$_____ for the above work with you, conditioned upon your execution of a contract with the City of Durham.

Name_____ Title_____

Company_____ Telephone_____

Address_____

Signature_____

REQUEST TO CHANGE UBE PARTICIPATION

Project: _____

Name of bidder or consultant: _____

Name and title of representative of bidder or consultant: _____

Address: _____

Zip Code: _____

Telephone No: _____

Fax Number: _____

Email address: _____

Total amount of original contract, before any change orders or amendments: _____

Total amount of the contract, including all approved change orders and amendments to date, but not counting the changes proposed in this form: _____

Dollar amount of changes proposed in this form: _____

The proposed change (*check one*) ☐ **increases** ☐ **decreases** the dollar amount of the bidder's/consultant's contract with the City.

Does the proposed change decrease the UBE participation? (*check one*) ☐ **yes** ☐ **no**

If the answer is **yes**, complete the following:

BOX A. For the subcontract proposed to be changed (increased, reduced, or eliminated):

Name of sub-consultant _____

Goods and services to be provided before the proposed change: _____

Is it proposed to eliminate this subcontract? ☐ **yes** ☐ **no**

If the subcontract is to be increased or reduced, describe the nature of the change (*such as adding \$5,000 in environmental work and deleting \$7,000 in architectural*): _____

Dollar amount of this subcontract before this proposed change: _____

Dollar amount of this subcontract after this proposed change: _____

This subcontractor is (check one):

- ☐ 1. Minority-owned UBE
- ☐ 2. Women-Owned UBE
- ☐ 3. Not a UBE

BOX B. Proposed subcontracts other than the subcontract described in Box A above (continued)

Name of sub-consultant for the new work: _____

Goods and Services to be provided by this proposed subcontract: _____

Dollar amount proposed of this proposed subcontract: This sub-consultant is:

- ☐ 1. Minority-owned UBE
- ☐ 2. Women-Owned UBE
- ☐ 3. Not a UBE

Add additional sheets as necessary.

UBE GOALS NOT HAVING BEEN MET. The following information must be presented by the consultant concerning good faith efforts taken.

It is the responsibility of consultants to make good faith efforts. Any act or omission by the City shall not relieve them of this responsibility. For future efforts, it shall be comprised of such efforts which are proposed to allow equitable participation of socially and economically disadvantaged employees and sub- consultants/subcontractors. The City Manager shall apply the following criteria, with due consideration of the quality, quantity, intensity and timeliness of efforts of consultants/contractors, in determining good faith efforts to engage UBEs along with other criteria that the City Manager deems proper:

Name of Bidder: _____

If you find it helpful, feel free to attach pages to explain your answers. How many pages is your firm attaching to this questionnaire? _____

If you find it helpful, feel free to attach pages to explain your answers. How many pages is your firm attaching to this questionnaire? _____? (Don't count the 2 pages of this.)

If a yes or no answer is not appropriate, please explain the facts. All of the answers to these questions relate only to the time before your firm submitted its bid or proposal to the City. In other words, actions that your firm took after it submitted the bid or proposal to the City cannot be mentioned or used in any answers.

1. SOLICITING UBEs.

- (a) Did your firm solicit, through all reasonable and available means, the interest of all UBEs in the list provided by the City in the scope of work of the contract? ☐ **yes** ☐ **no**

In such soliciting, did your firm advertise? ☐ **yes** ☐ **no**

Are you attaching copies to this questionnaire, indicating the dates and names of newspaper or other publication for each ad if that information is not already on the ads? ☐ **yes** ☐ **no**

- (b) In such soliciting, did your firm send written (including electronic) notices or letters? Are you attaching one or more sample notices or letters? ☐ **yes** ☐ **no**

- (c) Did your firm attend the pre-bid conference? ☐ **yes** ☐ **no**

- (d) Did your firm provide interested UBEs with timely, adequate information about the plans, specifications, and requirements of the contract? ☐ **yes** ☐ **no**

- (e) Did your firm follow up with UBEs that showed interest? ☐ **yes** ☐ **no**

- (f) With reference to the UBEs that your firm notified of the type of work to be subcontracted , did your firm tell them:

i. the specific work your firm was considering for subcontracting? ☐ **yes** ☐ **no**

ii. that their interest in the contract is being solicited? ☐ **yes** ☐ **no**

iii. how to obtain and inspect the applicable plans and specifications and descriptions of items to be purchased? ☐ **yes** ☐ **no**

2. BREAKING DOWN THE WORK.

- (a) Did your firm select portions of the work to be performed by UBEs in order to increase the likelihood that the goals would be reached? ☐ **yes** ☐ **no**

- (b) If **yes**, please describe the portions selected. **ANSWER:**

3. **NEGOTIATION.** In your answers to 3, you may omit information regarding UBEs for which you are providing a Letter of Intent.

(a) What are the names, addresses, and telephone numbers of UBEs that you contacted? **ANSWER:**

(b) Describe the information that you provided to the UBEs regarding the plans and specifications for the work selected for potential subcontracting. **ANSWER:**

(c) Why could your firm not reach agreements with the UBEs that your firm made contact with? Be specific. **ANSWER:**

4. **ASSISTANCE TO UBEs ON BONDING, CREDIT, AND INSURANCE.**

(a) Did your firm or the City require any subcontractors to have bonds, lines of credit, or insurance? ☐ **yes** ☐ **no**
(Note: In most projects, the City has no such requirement for *subcontractors*.)

(b) If the answer to (a) is **yes**, did your firm make efforts to assist UBEs to obtain bonds, lines of credit, or insurance? ☐ **yes** ☐ **no** If **yes**, describe your firm's efforts. **ANSWER:**

(c) Did your firm provide alternatives to bonding or insurance for potential subcontractors? ☐ **yes** ☐ **no**
If **yes**, describe. **ANSWER:**

5. **GOODS AND SERVICES.** What efforts did your firm make to help interested UBEs to obtain goods or services relevant to the proposed subcontracting work? **ANSWER:**

6. **USING OTHER SERVICES.**

(a) Did your firm use the services of the City to help solicit UBEs for the work? ☐ **yes** ☐ **no**
Please explain. **ANSWER:**

(b) Did your firm use the services of available minority/women community organizations, minority and women contractors' groups, government-sponsored minority/women business assistance agencies, and other appropriate organizations to help solicit UBEs for the work? ☐ **yes** ☐ **no**
Please explain. **ANSWER:**